

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022825

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **144** Primary Registration District No. **4236** Registrar's No. **92**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0470

20470

3

4 **0**

5 **1**

6

7 **0**

8 **2**

94201

10

11

1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JUL 13 1962

1. PLACE OF DEATH
a. COUNTY **IRON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **DES ARC**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **DES ARC**

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO** b. COUNTY **IRON**

c. CITY OR TOWN **DES ARC**

d. STREET ADDRESS (If outside, give location)

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **JOHN** Middle **WESLEY** Last **CROWLEY**

4. DATE OF DEATH Month **JUNE** Day **29** Year **1962**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **OCT 18 1891**

9. AGE (last birthday) **70**

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED MILLWORKER

10b. KIND OF BUSINESS OR INDUSTRY
HANDLE ALL

11. BIRTHPLACE (City and state or country)
BRUNOT MO

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

LEECROWLEY

13b. MOTHER'S MAIDEN NAME

SARAH HOWARD

14. NAME OF HUSBAND OR WIFE

STELLA MAECROWLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ☒ or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
S SADIE ANN MOORE DESARC MO

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardio-vascular hypertensive disease

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

generalized arterio-sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-24-61** to **6-29-62** and last saw him alive on **6-29-62**

Death occurred at **6:00** P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Erving G. Byrd

22b. ADDRESS

Freedom, MO.

22c. DATE SIGNED

6-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

JULY 2 1962

23c. NAME OF CEMETERY OR CREMATORY

MT View

23d. LOCATION (City, town, or county)

DESARC MO.

(State)

24. FUNERAL DIRECTOR

Norman W. Glick

ADDRESS

221 N. Main

Freedom, MO.

7-2-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mr. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pudmout, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.